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Registration Section Division of Corporations

TO:

ence, and check are submitted to	register the above referenced	foreign limi	ation to Transact Business in Florida, ited liability company to transact busi	ness in Florid
se return all correspondence conc	erning this matter to the follow	ving:		
Kelvin Wilkerso		f Person		-
<u>Leslie R</u>	al Estate Group Firm/Co			-
780 Morosgo D	Prive Unit 14271	lress		-
Atlanta, GA 30	- Carrier - Carr			202) H&S
<u>leslieresles</u> E- urther information concerning th	City/State and tate hallings a mail address: (to be used for the matter, please call:			- 3 All 9: 29
Kelvin Wilkerson	at (404	₎ 809-5180	-
Name of Co	ontact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Leal Estate Group, L n Limited Liability Company: must include "Limit	ed Liability Company," "L.L.C.," or "L.L.C.")		_
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited Liability Company," "	L.L.C," or "L	 l.C.")
2. GA	which toreign limited liability company is organized)	3(Fb) number, if applicable)		_
4. <u>N/A</u>	(Date first transacted business in Florida, if prior to			
5. 780 Morosgo Dr	(See sections 605,0904 & 605,0905, F.S. to determ	(Mailing Address)		_
Atlanta, GA 3032	24	Atlanta, GA 30324		202:
7. Name and street address	ess of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	15 12 13 13 13 13 13 13 13 13 13 13 13 13 13	HAR -3
Name:	Northwest Registered Agent	LLC	25	AH 9: 23
Office Address:	7901 4th St N STE 300			
	St. Petersburg	. Florida 33702 (Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Kelvin Wilkerson _{Name:} Kyron Leslie Manager Manager [Address: 780 Morosgo Drive #1427/ Address: 780 Morosgo Drive #1427/ Member ☐ Member Atlanta, GA 30324 Atlanta, GA 30324 ✓ Authorized ✓ Authorized Person Person Cther ___ Other Other____ Other Manager Name: ____ Manager | Member | Address: _______ Member Address: Authorized Authorized Person Person ___Other______ Other___ Other___ Manager ... Manager Name: _____ Member Address: ____ Member Authorized ■Authorized Person Person Other____ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Kelvin Wilkerson

Control Number: 20142706

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Leslie Real Estate Group LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 20355208 Date Inc/Auth/Filed: 08/18/2020 Jurisdiction : Georgia Print Date : 02/26/2021

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State